

	8	8	8	8	8	8	8	56	1.40	
Night Shift										
RN Main Medical	12	12	12	12	12	12	12	84	2.10	Yes
LPN Intake	12	12	12	12	12	12	12	84	2.10	Yes
LPN Main Clinic	12	12	12	12	12	12	12	84	2.10	Yes
Pharmacy tech/clerk		8	8	8	8	8		40	1.00	No
Medical Records Clerk		16	16	16	16	16		80	2.00	No
TOTAL HOURS/FTEs per week	140	338	348	340	332	332	140	1,970	49.25	
Day Shift Total	-	86	96	88	80	80	-	430	30.35	
Evening Shift Total	32	56	56	56	56	56	32	344	8.60	
Night Shift Total	36	60	60	60	60	60	36	372	9.30	

** FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

*Day of week can vary

The new position for a Re-Entry Specialist will be filled with a qualified healthcare professional with a scope of practice which includes the necessary services to allow for possible internship opportunities through Affiliation Agreements with Higher Educational Institutions

5.1.2 Continuous Quality and Safety Improvement

Contractor shall provide programs for Continuous Quality Improvement (CQI), Quality Assurance, Professional Peer Review, Utilization Management, and Mortality Review for both medical and mental health services for the facilities. The programs shall include, but not be limited to audits and medical records reviews. Multiple audits are completed on a monthly basis. The CQI Committee will meet quarterly to identify and resolve issues and Physician and nurse peer reviews are conducted annually. The CQI program must primarily focus on medical outcomes or interventions through evidence-based medical practices that favorably change clinical outcomes. Examples include: vaccinations in high-risk detainees and screening for diabetic retinopathy. The CQI program must use multi-disciplinary committees and include all health care staff during the calendar year. Mortality review and evaluation of off-site care shall also fall under the scope of the CQI program. Peer review, as performed under CQI, is confidential and protected by legal privilege in accordance with state peer review law. However, Contractor will collaborate with the County, as necessary, regarding corrective action plans and reporting.

5.1.2.1 Quality Assurance: Contractor shall monitor, evaluate and recommend improvements to the quality and appropriateness of care and services. This includes medical outcomes and medical interventions, for vaccinations, screening for diabetic retinopathy, cervical cancer screening, and any other screenings as determined during the course of the



contract in accordance with nationally recognized standards. Contractor shall assist the DACDC with creating and maintaining a Mental Health Standards of Care, report any deficiencies, and recommend Corrective Action Plans (CAPs) for the DACDC Director.

Contractor shall also acknowledge, understand, work with, and abide by recommendations of the independent contractor for the DACDC audit of the integrity of services of the mental health care services and any other medical services. Contractor shall assist with Detention Academy training and/or the Risk Awareness Program as well as with DACDC officer briefings or meetings to provide medical processes training for new cadets or officers.

5.1.2.2 Utilization Management Program: Contractor shall demonstrate that access to services is appropriate and timely, the use of outside services is medically indicated, and that length of stay (if applicable) is neither longer nor shorter than medically necessary. The Utilization Management Program must address off-site referrals including subspecialty and inpatient stays and must include non-urgent hospitalization pre-certification, urgent hospital certification, concurrent review and prospective denial, discharge planning and prior authorization of targeted procedures. It must also demonstrate that access to services is appropriate and timely. Contractor shall have five (5) working days to respond to "NON- URGENT" consultation requests. Any consultation request for which there is no corporate office response within five (5) working days shall be scheduled and carried out. In the event that the on-site Medical Director and the Regional Medical Director are unable to agree, the DACDC Director or authorized designee will review the request and make a decision, which will be final. A detainee's discharge date will not be considered when approving, denying or deferring an off- site request. In the event that the Regional Medical Director finds that the discharge date affects the consideration of the off-site request, he/she will discuss the case with the DACDC Director. The decision of the DACDC Director or authorized designee is final.

5.1.2.3 Mortality Review Process: Contractor shall establish a mortality review process. The DACDC must be informed as soon as feasible of any death regardless of circumstances but no later than two (2) hours of the death. Upon request from DACDC, the Contractor shall participate in a specific meeting, such as a mortality and morbidity committee meeting after each death in which issues are openly discussed, deficiencies identified and corrective action implemented, including follow-up of recommendations made.

5.1.2.4 Medical Audit Committee: Contractor shall provide for CQI for internal audits, mortality and morbidity review process, and standards compliance by creating a Medical Audit Committee (MAC) that meets quarterly. The medical audit is a significant part of the duties of the MAC. Audits of health care services shall be conducted no less than quarterly and shall consist of statistical analyses of utilization factors, case reviews, and medical records review. The MAC shall review and approve policies and procedures, evaluate infection control concerns, and investigate and analyze any variance in standard medical care. The Contractor shall provide quarterly progress reports from the MAC. Any adjustments or changes required based on the findings of the MAC must be addressed within fourteen (14) days of each meeting.

The medical staff will convene regularly with the DACDC, Clinical Director of mental health, DACDC department staff, and any other employees to discuss issues

relevant to medical and mental health care of the detainees. The Contractor shall be responsible for all costs including transportation, housing and any other expenses associated with Contractor's employees attending these meetings.

5.1.3 Risk Management Plan

Contractor shall establish a Risk Management Plan with a vision that "Quality healthcare and reentry services will improve the health and safety of our patients, reduce recidivism, and better the communities where we live and work" which is also realized in its health mission, "Corizon will deliver safe, effective and efficient services and exceed expectations by using best practices and evidence-based medicine."

5.1.4 Detainee Medical Grievance Policy

Contractor shall draft and implement a Detainee Grievance Policy to monitor, respond and address detainee medical grievances according to appropriate standards and DACDC policy. All correspondence marked "Medical Grievance" shall be forwarded to the Contractor by the DACDC Classification Office and shall be labeled CONFIDENTIAL. Only Contractor employees authorized to participate in the grievance process shall have access to the records.

An Emergency Grievance consists of a grievance or complaint, which may subject a detainee to a substantial risk of personal injury or cause others serious and irreparable harm. Emergency grievances will be addressed as quickly as possible, but no later than one hour of the grievance.

6.0 MEDICAL SERVICES

Contractor shall directly provide or contract for all medical services to detainees in the custody of the DACDC to maximize treatment and care by providing timely access to an appropriate level of medical care thereby avoiding unnecessary instances involving transportation, utilization of staff, and security risks created by off-site movement.

6.1 Detainee Receiving and Intake Diagnostic Plan

Contractor shall follow a best practices model for intake and needs assessment, and triage procedures for each individual booked through an established "best practices protocol" or recommend changes to improve the process in accordance with all applicable standards or regulations.

The screening process must address the following conditions:

1. Identify any urgent health needs of detainees for admission;
2. Identify any known or easily identifiable health needs of detainees that may require medical intervention before the health assessment; and
3. Identify and isolate detainees who appear potentially contagious.

Contractor shall clear detainees within fifteen minutes of arrival, utilizing the *Fit for Confinement Guidelines*. If the detainee's medical or mental health condition indicates he or she is not fit for confinement, the RN shall complete a more thorough assessment. Any detainee deemed not fit for confinement shall be refused admission and the arresting agency or DACDC, if so required, shall transport the detainee to a hospital for evaluation.